

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

FILE COPY

In re Application of:

H. Paul HOLZWORTH, et al.

Serial No.: 09/427,031

Filed: October 26, 1999



Group Art Unit: 2731

For: ADJUSTABLE CONNECTION ADMISSION CONTROL METHOD AND
DEVICE FOR PACKET-BASED SYSTEMSECOND REQUEST FOR CORRECTED FILING RECEIPTAssistant Commissioner for Patents
Washington, D.C. 20231RECEIVED
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Sir:

It is requested that the second inventor's first name be corrected on the Official Filing Receipt. The correct second inventor's first name is -- Gary Deval -- as is evidenced by the Declaration filed. For the convenience of the Patent and Trademark Office, attached is a photocopy of the original receipt on which the errors have been noted in red.

It is requested that a corrected Official Filing Receipt be issued in this application.

Respectfully submitted,
STAAS & HALSEY LLPBy: Mark J. Henry
Registration No. 36,162700 Eleventh Street, N.W.
Washington, D.C. 20001
(202) 434-1500Date: May 22, 2000

CORRECTED FILING RECEIPT



OC00000005073219

UNITED STATES DEPARTMENT OF COMMERCE
Patent and Trademark OfficeAddress: ASSISTANT SECRETARY AND
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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/427,031	10/26/1999	2731	890	1011.1018/MJ	2	12	1

STAAS & HALSEY LLP
ATTN: MARK J HENRY
700 ELEVENTH STREET N W
SUITE 500
WASHINGTON, DC 20001

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Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the PTO processes the reply to the Notice, the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

GARY H. PAUL HOLZWORTH, RALEIGH, NC ;
GRAY DEVAL, RALEIGH, NC ;
SATOSHI KAKUMA, KAWASAKI, JAPAN ;
WILLIAM LIPP, NEW HAVEN, CT ;

Continuing Data as Claimed by Applicant

THIS APPLN CLAIMS BENEFIT OF 60/105,836 10/26/1998

Foreign Applications

If Required, Foreign Filing License Granted 11/18/1999

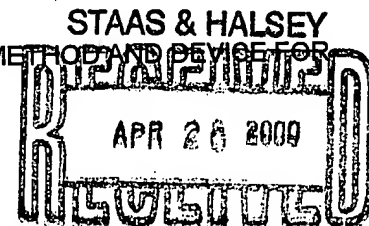
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Title

ADJUSTABLE CONNECTION ADMISSION CONTROL METHOD AND DEVICE FOR
PACKET-BASED SWITCH

Preliminary Class

370





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The attached request for a corrected file receipt has been completed. Please forward the case to OIPE, Customer Service, CP2-6th Floor.

If you decide to keep the case, assign the request a paper number, endorse contents, punch holes in the documents, and replace the old Bib Data sheet with the updated version in the center of the file.

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SERIAL NUMBER 09/427,031	FILING DATE 10/26/1999 RULE -	CLASS 370	GROUP ART UNIT 2731	ATTORNEY DOCKET NO. 1011.1018/MJ	
APPLICANTS H. PAUL HOLZWORTH, RALEIGH, NC ; GARY DEVAL, RALEIGH, NC ; SATOSHI KAKUMA, KAWASAKI, JAPAN; WILLIAM LIPP, NEW HAVEN, CT ; ** CONTINUING DATA ***** THIS APPLN CLAIMS BENEFIT OF 60/105,836 10/26/1998 ** FOREIGN APPLICATIONS ***** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 11/18/1999 -					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		STATE OR COUNTRY NC	SHEETS DRAWING 2	TOTAL CLAIMS 12	INDEPENDENT CLAIMS 1
ADDRESS STAAS & HALSEY LLP ATTN: MARK J HENRY 700 ELEVENTH STREET N W SUITE 500 WASHINGTON, DC 20001					
TITLE ADJUSTABLE CONNECTION ADMISSION CONTROL METHOD AND DEVICE FOR PACKET-BASED SWITCH					
FILING FEE RECEIVED 3254	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		

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